

Collin County Child Support  
P.O. Box 578  
McKinney, Texas 75070-0578  
Website: <http://www.co.collin.tx.us>  
Phone (972) 548-4385



## **ACCOUNT SETUP FORM**

### **MUST BE COMPLETED FOR ACCOUNT TO BE ACTIVATED**

**Please print this form, fill it out, and MAIL it to the above address.**

**Be sure this case does not involve the Guardian Ad Litem. Verify that final orders & Employer's wage withholding order indicate the same designated office for the support payments.**

Cause # \_\_\_\_\_ Temporary \_\_\_ Final Decree \_\_\_ Modification

#### **Payee: Person Receiving Child Support**

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Payor: Person Paying Child Support**

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Children** (list oldest first)

| Name  | Date of Birth | S.S.# |
|-------|---------------|-------|
| _____ | _____         | _____ |
| _____ | _____         | _____ |
| _____ | _____         | _____ |
| _____ | _____         | _____ |
| _____ | _____         | _____ |

Date first payment due: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_ Monthly \_\_\_ Weekly \_\_\_ Bimonthly \_\_\_ Biweekly

The child support is to be made payable to the person who has custody of the children and is sent in care of our office. **We do not accept any child support made payable to our office.**

The orders have to be signed by the judge before payments can be accepted.